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PTO/SB/21 (08-02)

Approved for use through 10/31/2002, OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/768,348
		Filing Date	30 Jan 2004
		First Named Inventor	THEMBALATH et al.
		Group Art Unit	1615
		Examiner Name	Susan T. TRAN, Esq.
Total Number of Pages in This Submission	5	Attorney Docket Number	Ipca

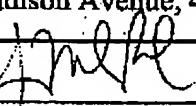
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

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JUN 20 2005

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Pharmaceutical Patent Attorneys, LLC 55 Madison Avenue, 4th floor, Morristown NJ 07960-7397 USA	
Signature		
Date	See below date	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Mark POHL, Reg. No. 35,325	
Signature		
Date	16 June 05	

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PTO/SB/87 (08-00)

Approved for use through 10/31/2002. OMB 0661-0003
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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The submitted papers are enumerated on the enclosed Transmittal Form,
PTO Form SB/21.

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PTO/SB/M7 (10-01)

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FEET TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,020.00)

Complete If Known

Application Number	10/768,348
Filing Date	30 Jan 2004
First Named Inventor	R. THEMBALATH et al.
Examiner Name	Susan K. TRAN, Esq.
Group Art Unit	1615
Attorney Docket No.	IpcA

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
 Deposit Account Number
 Deposit Account Name
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
101 740	201 370
106 330	206 165
107 510	207 255
108 740	208 370
114 180	214 80
Fee Description	
Utility filing fee	0.00
Design filing fee	0.00
Plant filing fee	
Reissue filing fee	0.00
Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
21 -20* = 1	1 x 50.00	10.00
1 - 3** = 0	0 x 43.00	10.00
Multiple Dependent	0.00	10.00

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

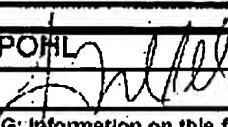
3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
106 130	206 65	Surcharge - late filing fee or each	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
138 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for ex parte reexamination	0.00
112 920*	920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 400	218 200	Extension for reply within second month	0.00
117 920	217 460	Extension for reply within third month	1020.00
118 1,440	218 720	Extension for reply within fourth month	0.00
128 1,980	228 980	Extension for reply within fifth month	0.00
119 320	218 160	Notice of Appeal	0.00
120 320	220 160	Filing a brief in support of an appeal	0.00
121 280	221 140	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,280	241 640	Petition to revive - unintentional	0.00
142 1,280	242 640	Utility issue fee (or reissue)	0.00
143 460	243 230	Design issue fee	0.00
144 620	244 310	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Processing fee under 37 CFR 1.17(q)	0.00
126 180	126 160	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179 740	279 370	Request for Continued Examination (RCE)	0.00
169 800	168 800	Request for expedited examination of a design application	0.00
Other fee (specify) <u>Issue Fee - Large Entity</u>			0.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 1020.00)

SUBMITTED BY

Name (Print/Type) Mark POHLSignature Registration No. (Attorney/Agent) 35,325Telephone (973) 984-0076Date 16 June 2005

Complete If Known

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